

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050956

Registration District No. 239

Primary Registration District No. 5825

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED FEB 13 1964

1. AGE OF DECEASED		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	NEW MADRID	a. STATE	Mo. b. COUNTY NEW MADRID
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	RISCO	c. CITY OR TOWN	RISCO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	HOME	d. STREET ADDRESS	Box 55
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
LEONARD FLOYD ASHABRANNER			12 23 63		
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	10. IF UNDER 1 YEAR
M	W		9-19-1904	59	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
LABORERS			MANILA, ARK		
11. BIRTHPLACE (City and state or country)			12. CITIZEN OF WHAT COUNTRY		
MANILA, ARK			U.S.A.		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		
HENRY ASHABRANNER			MARGARET ADAMS		
14. NAME OF HUSBAND OR WIFE			NELLIE ASHABRANNER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
NO			NELLIE ASHABRANNER RISCO MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		2 hours	
IMMEDIATE CAUSE (a)		Arteriovascular accident	
DUE TO (b)		5 years	
DUE TO (c)		15 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour, a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	
21. I attended the deceased from 10/16/64 to 10/20/63 and last saw him alive on 10/20/64		22c. DATE SIGNED	
Death occurred at 12/23/64 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS	
22a. SIGNATURE (Degree or title)		22c. DATE SIGNED	
Daniel R. Henley MD		10/6/64	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
	12-28-63	MANILA	MANILA ARK.
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
HOWARD'S		2/13/64	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

NEW MARIU

Box 22

Box 22

NEW MARIU

1961 FEB 18

202P-41-08H

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. J. Howard*

Licensed Embalmer No.

3959

P. O. Address

*Baythelwell Ark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.